

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4885 63-036143  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration-District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED SEP 23 1963

1. PLACE OF DEATH a. COUNTY JACSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 60 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5100 RAYTOWN ROAD		d. STREET ADDRESS (If outside, give location) 5100 RAYTOWN ROAD	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle E. Last FUNKHOUSER			4. DATE OF DEATH Month SEPTEMBER Day 3, Year 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Marital Status <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	8. DATE OF BIRTH 8-31-1883	9. AGE (last birthday) 80	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAIRYMAN		10b. KIND OF BUSINESS OR INDUSTRY DAIRY		11. BIRTHPLACE (City and state or country) TOPEKA, KANSAS	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME PAUL FUNKHOUSER		13b. MOTHER'S MAIDEN NAME CORDELIA HUNTSINGER	
14. NAME OF HUSBAND OR WIFE LILLIE M. FUNKHOUSER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. Lillie M. Funkhouser, 5100 Raytown Rd. K.C. MO.	
17. INFORMANT Address		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolism</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Auricular fibrillation</i> DUE TO (c) <i>Arteriosclerotic coronary artery</i>		INTERVAL BETWEEN ONSET AND DEATH 1 week 4 WK 4 WK	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>24 Aug 63</i> to <i>3 Sept 63</i> and last saw her alive on <i>29 Sept 63</i> Death occurred at <i>4:00 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <i>Paul R. Young M.D.</i>		22b. ADDRESS <i>9406 E. 63rd Raytown Mo.</i>	
22c. DATE SIGNED <i>3 Sept 63</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <i>9-5-1963</i>	
23c. NAME OF CEMETERY OR CREMATORY BROOKING CEMETERY		23d. LOCATION (City, town, or county) RAYTOWN, MISSOURI		24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	
25. DATE RECD. BY LOCAL REG. <i>9-5-63</i>		26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Paul R. Young

*Reverend  
Young  
Cline*

*Ph-1060*

8-578  
6-1-0  
0-3

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Kenneth R. Lannan*

Licensed Embalmer No. *5207*

P. O. Address *Independence, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.